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ABSTRACT

Two types of elderly alcohol abusers are described. Early onset or long-term alcohol abusers are abusers with long-standing behavioral problems considered well known to the social service delivery system. Late-life onset elderly alcohol abusers are those whose drinking problems began in the later years, after age 50, often in response to stresses associated with the aging process. This study compared the drinking histories and current drinking patterns of these two types of elderly alcohol abusers who were admitted to a behavioral day treatment program. Two groups of elderly were selected: 26 for each group, each consisting of 16 males and 10 females. Information from the Gerontology Alcohol Project Drinking Profile and several psychosocial assessments was used to compare the two groups. Results indicated that individuals in the early onset group were younger, more likely to have had previous alcohol treatment, more likely to have changed residence, drank more, were intoxicated more often, and experienced more emotional problems than those in the late onset group. Late-life onset subjects had more education, higher income, and greater life satisfaction than did early onset subjects. Despite these differences, depression and loneliness appeared to be common antecedents to problem drinking behavior in the elderly. (Author/NB)

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ALCOHOL ABUSE & THE ELDERLY: COMPARISON OF EARLY & LATE-LIFE ONSET

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Abstract

The present study compared the drinking histories and current drinking patterns of two types of elderly alcohol abusers admitted to a behavioral, day treatment program: Early onset, i.e., those whose drinking problem began before age 50, and Late-life onset, i.e., those whose drinking problem began after age 50. Information from the GAP Drinking Profile, and several psychosocial assessments was used to compare the two groups.

Results indicated that individuals in the Early Onset group were younger, more likely to have had previous alcohol treatment, more likely to have changed residence, drank more, were intoxicated more often, and experienced more emotional problems. Late-life onset subjects had more education, higher income, and greater life satisfaction. Despite these differences, depression and loneliness appeared to be common antecedents to problem drinking behavior in old age.

ALCOHOL ABUSE & THE ELDERLY: COMPARISON OF EARLY & LATE-LIFE ONSET

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Two types of elderly alcohol abusers have been described: Early onset and Late-life onset (Zimberg, 1974; Rosin and Glatt, 1971; and Schuckit, 1974). Early onset or long term alcohol abusers are those considered well known to the social service delivery system with long standing behavioral problems. Late-life onset elderly alcohol abusers are those whose drinking problems began in the later years more often in response to stresses associated with the aging process. It was assumed that the early onset type constituted about two-thirds of elderly alcohol abusers and most resembled and should be treated in the same manner as younger alcohol abusers. Late-life onset individuals were seen as those in need of rebuilding their social support networks to replace the losses from deaths, retirement, and the "empty nest".

There is a relative lack of data describing the antecedent conditions contributing to drinking patterns of elderly problem drinkers. Brody (1984) has stated that "... it is time to stop writing reviews and quoting vintage Zimberg, Rosin and Glatt. These assertions need repetition and proof..."

At the Florida Mental Health Institute, we have been admitting elderly alcohol abusers to behavioral treatment programs since 1979. The original treatment project, the Gerontology Alcohol Project (Dupree, Broskowski, and Schonfeld, 1984) admitted late-life onset elderly alcohol abusers. The current project, the Substance Abuse Program for the Elderly, admits elderly individuals for treatment regardless of age of onset of the drinking or substance use/misuse problems.

Individuals admitted for treatment (clients) are assessed with a behavioral assessment, the Gerontology Alcohol Project Drinking Profile (GAP-DP), as well as a number of demographic and psychosocial assessments. The GAP-DP provides the treatment staff with situations, thoughts, feelings, cues, and urges leading to an older individual's first drink on a given day as well as the feelings and consequences following alcohol consumption.

The purpose of the present study was to compare drinking histories and current drinking patterns of early and late-life onset elderly alcohol abusers. It was hypothesized that early onset individuals might resemble younger alcohol abusers who drink in response to interpersonal determinants such as conflicts with others, as well as experiencing more emotional and behavioral problems, while late-life onset individuals drink more in response to the accumulated losses associated with the aging process.

Method

Subjects

The subjects were selected from a pool of 100 clients admitted to the treatment programs. Subjects were selected if they had completed a GAP-DP assessment. Further selections were made based upon gender to ensure an equal number of males and females in each group. Due to a wide range of ages, matching for age was not possible.

Two groups of elderly were selected: Early onset (EO) clients were those who had experienced alcohol treatment or frequent intoxication prior to age 50. Late-onset clients (LL) had no previous history of drinking problems, treatment, or intoxication. There were 26 clients chosen for each group, each consisting of 16 males and 10 females.

Instruments

The GAP-DP (Dupree and Schonfeld, 1986) an interview style assessment developed in 1978, is a modified version of the Drinking Profile (Marlatt, 1974). Information includes family drinking history, age of onset of the problem, previous treatments, historical antecedents to drinking, current drinking behavior (antecedents, patterns, quantity and frequency of alcohol consumed, consequences), and motivation for entering treatment.

A demographic information form identified age, sex, marital status, monthly income, current residence and living arrangement, and length of time at current residence. The Social Support

Network Inventory (Dupree, et al., 1984) measured the number of friends and relatives with whom they were in contact, as well as the frequency of the contact.

In order to assess mood states upon admission, three self-administered inventories were used: the Beck Depression Inventory (Beck, 1972), State-Trait Anxiety Inventory - Trait Scale C2 (Patterson, O'Sullivan, and Spielberger, 1980), and the Life Satisfaction Index (Neugarten, Havighurst, & Tobin, 1961).

Procedure

Assessments were administered within the first three weeks following admission to treatment. In some cases, assessments other than the GAP-DP were missing due to attrition (program dropouts).

For the purposes of the present study, independent *t*-tests were used to compare many of the quantitative variables. Chi Square analyses were used to compare qualitative variables. A three way analysis of variance was used to compare the Social Support Network data (group x friend/relative x frequency of contact).

Results

A summary of the demographic data is presented in Table 1. T-tests indicated that the individuals in the early onset group were younger. Chi Square analyses indicated that the LL group had higher educations, greater monthly incomes, and were more likely to have lived at their current residence for a longer time.

Insert Table 1 About Here

As would be obvious, there were significant differences in Drinking History. The EO group more often: had experience with AA, sought professional help, and had previous alcohol treatment. Their drinking problem began in their mid-30s. The significant differences are illustrated in Table 2. No significant differences, however, were seen in terms of family history of drinking (e.g., whether the parents or spouse drank).

Insert Table 2 About Here

In terms of social support network, there were no reported differences in the current size (number of friends or relatives) of the network or frequency of contact with the client (daily, weekly, or monthly) between the two groups. The average number of individuals with whom the clients were in contact were 8.4 people for the LL group and 7.4 people for the EO group.

Current Drinking Patterns Current drinking behavior was investigated through a series of questions from the GAP-DP describing: situations, feelings, cues and urges as antecedents to drinking, and feelings which followed drinking as consequences. Table 3 describes antecedents to drinking: places of drinking, companions while drinking and feelings before drinking. Both groups tended to drink at home, alone, and in response to negative mood states (primarily depression, loneliness, and restlessness). No significant differences between the two groups were found in these categories.

Insert Table 3 About Here

Actual drinking behavior, i.e., quantity and frequency of alcohol consumed as well as frequency of intoxication is shown in Table 4. While both groups tended to be steady (daily) drinkers, the EO group drank twice as much alcohol (Standard Ethanol Content Units or 'SECs') and was intoxicated nearly twice as often.

Insert Table 4 About Here

Finally, consequences of drinking were compared. These included feelings immediately following a drink, as well as symptoms following cessation of drinking after prolonged periods of alcohol consumption. As illustrated in Table 5,

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Insert Table 5 About Here

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both groups tended to experience positive mood states following drinking (usually relaxed, calm, happy, friendly) with no significant differences observed. Early onset individuals more often tended to show signs of withdrawal after cessation from prolonged periods of drinking. These included delerium tremens (DTs), severe "inner" shakes, blackouts, shaking/trembling hands, and severe sweating.

Emotional Problems

Table 6 summarizes the Beck Depression Inventory, State-Trait Anxiety Inventory, and Life Satisfaction Index scores. Early onset individuals were more depressed and anxious and less satisfied with life than Late-life onset individuals.

Insert Table 6 About Here

Discussion

As was expected, the Early onset group experienced more serious problems in that they drank more, were intoxicated more, and were less well emotionally than their Late-life onset counterparts. The Early onset group was certainly well known to the social service delivery system and Alcoholics Anonymous.

The Late-life onset group drank just as often as the other group but consumed smaller quantities. This group was more stable in terms of residence, better educated, and had higher monthly incomes.

Surprisingly, no differences were observed in antecedents immediately preceding the first drink on a given day. Both groups tended to drink in response to loneliness and depression, drank at home and drank alone.

In conclusion, while some demographic and other differences were observed between the two groups, current drinking behavior

seems to be very similar. Also, the similarity of current antecedents to drinking may suggest that elderly alcohol abusers drink in response to age-related problems, irrespective of the age of onset. It is seems likely that diminished social support systems contribute significantly to the sustained problem drinking of the elderly alcohol abusers regardless of the earlier causes or antecedents for inappropriate drinking behavior. Interpersonal conflict as an antecedent for abusive drinking, appears to be "replaced" more by intrapersonal (negative mood states) antecedents. For the Late-life onset individuals, the social support system was diminished due to losses such as death, retirement, etc., however, it is possible that the Early onset group lost important members of their social support system through alienation from the individual's inappropriate drinking over many years.

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Table 1

Demographic Description of Elderly Alcohol Abusers

	Late-Life	Early Onset	Signif.
Males	16	16	ns
Females	10	10	
Education: Less than H.S.:	8	14	<.05
H.S. or greater	15	11	
Mean Age	67.6	61.5	<.001
Monthly Income < $600	15	21	<.001
> $600	11	4	
Marital Status:			
Married	8	4	ns
Widowed	13	11	
Divorced	5	11	
Living Situation:			
Live Alone	18	15	ns
Lives with others	8	11	
Length of Current Residence			
Less than two years	6	18	<.001
Greater than two years	20	4	

Table 2

Drinking History

	Late-Life	Early Onset	Signif.
Sought Previous Help	10	22	<.001
Never Sought Help	16	4	
Attended AA at sometime	8	19	<.001
Never Attended AA	18	7	
Previously in Treatment	9	16	<.04
Never in Treatment before	17	10	
Age first told he/she had a drinking problem	62.8	35.3	<.001
Age he/she first felt their drinking problem began	64.2	42.1	<.001

Table 3

Antecedents To Drinking

	Late-Life	Early Onset	Signif.
Place of Drinking:			ns
At Home	19	16	
Bar	2	5	
Other places (n=6)	5	6	
Drinking Companions			ns
Alone	21	17	
With Others	5	9	
Negative Feelings Before First Drink on a Typical Day			
Lonely	3	6	
Depressed	4	3	
Sad	4	1	
Restless	3	3	
Others (n=9)	7	10	
Positive Feelings Before First Drink on a Typical Day			
Calm	1	1	
Secure	2	1	
Relaxed	1	1	
Friendly	1	0	

Table 4

Drinking Behavior

	Late-Life	Early Onset	Signif.
Pattern:			ns
Steady	18	15	
Periodic	2	6	
Weekend only	6	5	
Drinking days (out of 30)	21.9	21.1	ns
Alcohol Consumed on a Typical Day (SECs) (1 SEC = 1 oz of 100 proof)	8.5	16.3	<.007
Days Intoxicated (out of 30)	8.7	16.4	<.04

Table 5

Consequences of Drinking

	Late-Life	Early Onset	Signif.
Immediate Positive Consequences:			
Calm	3	4	
Relaxed	5	6	
Happy	2	5	
Friendly	3	3	
Other (n=6)	8	2	
Immediate Negative Consequences			
Depressed	2	1	
Angry	1	1	
Nervous	1	0	
Inferior	0	1	
Unfriendly	1	0	
Symptoms After Cessation From Drinking:			
Experienced DTs?	0	7	<.002
Never Experienced	23	13	
Severe Inner Shakes?	5	10	<.05
Never Experienced	17	10	
Experienced Blackouts?	7	13	<.02
Never Experienced	16	7	
Severe Sweating?	4	13	<.001
Never Experienced	19	7	

Table 6

Assessment of Emotional Problems

Assessment	Late-Life	Early Onset	Signif.
Beck Depression Inventory	8.5	15.8	<.005
Life Satisfaction Index	9.8	4.22	<.007
State-Trait Anxiety (Trait)	25.9	34.5	<.001